

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3							
4	/						
5	/						
6	/						
7		/					
8		/					
9	/						
10		3					
11		3					
12		3					
13		2					
14		3					
15		3					
16		3					
17	/						
18	/						
19		/					
20		/					
21		2					
22		2					
23		2					
24		2					
25	(1)						
26	(1)						
27	(1)						
28	(1)						
29	(1)						
30	(1)						
31	(1)						
32	(1)						
33	(1)						
34							
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41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	5						
TOTAL DEP.	52						
TOTAL CLAIMS	57						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS